24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 3 FOR SE OF FORM 24/48				
IAME OF COMMITTEE (In Full) PROGRESSSIVE KICK INDEPENDENT EXPENDITURES C C00492595					
Check if Z 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee Canal Partners Media LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 25 Whitlock Place	Amount				
#201					
City State Zip Code Marietta GA 30064	6559.80 Transaction ID : SE.5414 Date of Disbursement or Obligation				
Purpose of Expenditure Web Advertising Category Type	// M M / D D / Y Y Y Y				
Name of Federal Candidate	Support Office Sought: House District: 12				
ALMA SHEALEY ADAMS	Oppose President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought 53065.60	Disbursement For:				
Full Name of Payee DS Political	Date of Public Distribution/Dissemination				
Mailing Address 1133 19th Street, NW	04 24 2014 Amount				
City State Zip Code	23445.40				
Washington DC 20036 Purpose of Expenditure	Transaction ID : SE.5413 Date of Disbursement or Obligation				
Web Advertising Category Type					
Name of Federal Candidate	Support Office Sought: X House District: 12				
ALMA SHEALEY ADAMS	Oppose President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought 46505.	Disbursement For: Primary General 2014 Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
JOSHUA GROSSMAN [Electronically Filed]	Date 04 24 2014				
Signature					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	PAGE FOR SE	2 OF	OF FORM 2	3 4/48		
IDENTIFICATION NUMBER ▼						

,	FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full) PROGRESSSIVE KICK INDEPENDENT EXPENDITURES FEC IDENTIFICATION NUMBER **TOTAL COMMITTEE (IN Full) **TOTAL COMMIT					
C C00492595					
Check if X 24-hour report 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay				
Full Name of Payee	Date of Public Distribution/Dissemination				
The Campaign Network	04				
Mailing Address 140 Bayswater St.	Amount				
City State Zip Code	1250.00				
Boston MA 02128	Transaction ID : SE.5408 Date of Disbursement or Obligation				
Purpose of Expenditure Radio Production Category/ Type	04 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate Support Office	e Sought: X House District: 12				
ALMA SHEALEY ADAMS Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For:				
5 11 11 1 1 2					
Full Name of Payee The Campaign Network	Date of Public Distribution/Dissemination				
Mailing Address 140 Bayswater St.	04 24 2014 Amount				
City State Zip Code	6400.00				
Boston MA 02128	Transaction ID : SE.5409 Date of Disbursement or Obligation				
Purpose of Expenditure Internet Video and Ad Production Category/ Type	04 24 2014				
Name of Federal Candidate Support Office	ce Sought: X House District: 12				
ALMA SHEALEY ADAMS Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought Disb 201-	oursement For: X Primary General Other (specify) Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
JOSHUA GROSSMAN [Electronically Filed] Date 04 24 2014					
Signature					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

PAGE OF (Schedule E) FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ PROGRESSSIVE KICK INDEPENDENT EXPENDITURES C00492595 Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee Date of Public Distribution/Dissemination The Campaign Network 04 2014 24 Mailing Address 140 Bayswater St. Amount State Zip Code 13695.20 City MA 02128 Transaction ID: SE.5410 Boston Date of Disbursement or Obligation Purpose of Expenditure Category/ Mailing 04 24 2014 Type Name of Federal Candidate 12 X Support Office Sought: X House District: ALMA SHEALEY ADAMS NC Oppose President Senate State: Primary Disbursement For: General Calendar Year-To-Date 21345.20 2014 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination The Campaign Network 2014 Mailing Address 140 Bayswater St. Amount City State Zip Code 1715.20 MA Transaction ID: SE.5411 02128 Boston Date of Disbursement or Obligation Purpose of Expenditure Category/ Robocall 2014 04 24 Type Name of Federal Candidate 12 X Support Office Sought: ★ House District: ALMA SHEALEY ADAMS NC Oppose President Senate State: | Yrimary Disbursement For: General Calendar Year-To-Date 23060.40 2014 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 15410.40 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... 53065.60 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. JOSHUA GROSSMAN [Electronically Filed] 04 24 2014 Date Signature